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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>37087.8005.US01 |           |
| <b>Application Number</b> 10/802,530 - Conf. #3519  |            | <b>Filed</b> March 17, 2004                        |           |
| <b>For</b> Method of Representing Gene Product Sequences and Expression   |            |  |           |
| <b>Art Unit</b> 1631  |            | <b>Examiner</b> Riggs II, Larry D.                 |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                            |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65   | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245  | \$ 245.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555  | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865  | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175   | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |  |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required fees, or credit any overpayment, to Deposit Account Number <u>50-4616</u> .                   |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |            |  |           |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>59,144</u>  |            |  |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |  |           |
| Registration number if acting under 37 CFR 1.34 _____   |            |  |           |
| <u><i>Susan L. Harlocker</i></u><br>Signature   |            | <u>March 2, 2009</u><br>Date                       |           |
| <u>Susan L. Harlocker</u><br>Typed or printed name  |            | <u>650-590-1919</u><br>Telephone Number            |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |  |           |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |  |           |